

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>lung</i>		1-17-0
O.I.P.E. CLASSIFIER	<i>2H</i>	50583	10-24-00
FORMALITY REVIEW	<i>Request</i>	925	11/07/00
RESPONSE FORMALITY REVIEW			02-11-01

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ Rejected N Non-elected
 " Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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